

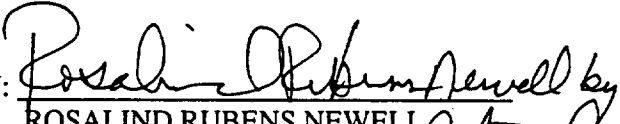

Entered -9-4-01 - sb
CL 01L0545 - GWENDOLYN BURNS

CLAIM OF: DANNY WILLIAMS
3909 Campbellton Road, SW, #F1
Atlanta, Georgia 30331

01-*R*-1560

For vehicular damages alleged to have been sustained from an
automobile accident on May 3, 2001 at 3909 Campbellton Road.

THIS ADVERSED REPORT IS
APPROVED

BY: 
ROSALIND RUBENS NEWELL
DEPUTY CITY ATTORNEY  DCA

DEPARTMENT OF LAW - CLAIM INVESTIGATION SUMMARY

Claim No. 01L0545

Date: September 13, 2001

Claimant /Victim DANNY WILLIAMS
BY: (Atty) (Ins. Co.) _____
Address: 3909 Campbellton Road, Atlanta, Georgia 30331
Subrogation: _____ Claim for Property damage \$ 1,973.28 Bodily Injury \$ _____
Date of Notice: 8/27/01 Method: Written, Proper X Improper _____
Conforms to Notice: O.C.G.A. §36-33-5 X Ante Litem (6 Mo.) X
Date of Occurrence 5/3/01 Place: 3909 Campbellton Road
Department PUBLIC WORKS Division Solid Waste Services
Employee involved _____ Disciplinary Action: _____

NATURE OF CLAIM: Claimant alleges that his vehicle sustained damage when it was struck by a sanitation vehicle. However, an investigation determined that the claimant "failed to yield to oncoming traffic".

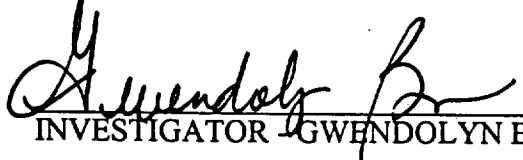
INVESTIGATION:

Statements: City employee _____ Claimant _____ Others _____ Written _____ Oral _____
Pictures _____ Diagrams _____ Reports: Police X Dept Report _____ Other X
Traffic citations issued: City Driver _____ Claimant Driver _____
Citation disposition: City Driver _____ Claimant Driver _____

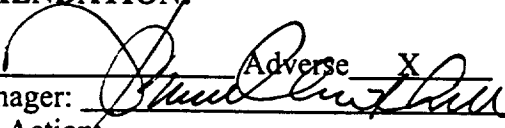
BASIS OF RECOMMENDATION:

Function: Governmental _____ Ministerial _____
Improper Notice _____ More than Six Months _____ Other X Damages reasonable _____
City not involved X Offer rejected _____ Compromise settlement _____
Repair/replacement by Ins. Co. _____ Repair/replacement by City Forces _____
Claimant Negligent X City Negligent _____ Joint _____ Claim Abandoned _____

Respectfully submitted,


INVESTIGATOR GWENDOLYN BURNS

RECOMMENDATION:

Pay \$ _____ Adverse X Account charged: 1A01 _____ 2J01 _____ 2H01 _____
Claims Manager:  Concur/date 09-14-01
Committee Action: _____ Council Action _____

COUNCIL OF THE CITY OF ATLANTA
MUNICIPAL CLERK
City Hall
55 Trinity Avenue, S.W.
Atlanta, Georgia 30335

RE: CLAIM FOR DAMAGES

Today's Date: August 22, 01

ENTERED - 9-4-01 - SB
01L0545 - GWEN BURNS

Dear Municipal Clerk:

This is to notify the City of Atlanta that I have suffered damages in the amount sum of \$ 1973.28 property and/or \$ 0 bodily injury for which I contend the City is liable.

1. Date of incident: May 3, 01 2. Time of Incident: 0730A 3. Police called: Yes ☒ No ☐

4. Location of incident (including street address): 3909 Campbellton Rd. Atlanta GA

5. Name of your insurance company: Agrio Policy No. Ull 5226c

6. State what and how incident occurred: Vehicle 2) Edwin Brown was coming down parking aisle on Campbellton Rd at a high rate of speed as vehicle 1) Danny Williams (Susie H) was backing out of parking space. vehicle 1 - dms to left door, vehicle 2 - none

7. ALL ESTIMATES AND DAMAGES ARE SUBJECT TO INSPECTION. THE MAKING OF FALSE CLAIMS WILL RESULT IN YOUR CLAIM BEING DENIED AND MAY RESULT IN CRIMINAL PROSECUTION!

8. The registered owner must make the claim for vehicle damages, complete the following and attach two (2) estimates of repair and proof of ownership of your vehicle (copy of the current tag receipt or title).

Your vehicle: Ford 00 335-MXH GA Susie Davis
(Make) (Year) (Tag Number) (Driver's Name)

City vehicle: Black Edwin Brown Sanitation
(Make) (City Driver's Name) (Department/Bureau)

9. Witness: Carlene Lee 3909 Campbellton Rd #1 404 344 5621
(Name) (Address) (Telephone Number)

Shantell Fowler 3909 Campbellton Rd #F8 404 349 3477
(Name) (Address) (Telephone Number)

10. The acknowledgment of this claim in no way waives the Sovereign immunity of the City of Atlanta, as granted by State law, nor is it an admission of liability on behalf of the City of Atlanta and/or its employee(s).

11. This claim should be mailed immediately to the address shown above.

I HEREBY SWEAR OR AFFIRM THAT THE ABOVE INFORMATION IS TRUE AND CORRECT.

Signature of Claimant

Danny Williams
(Print Claimant's Name)
3909 Campbellton Rd SW
(Address)
Atlanta GA 30331 5021
(City, State and Zip Code)
(404) 691-5470 / 404-349-5902
(Work Number) (Home Number)

01- R-1560